

SCHARFF BRUSHES, INC.

TEACHER APPLICATION

This form is required to qualify for Studio/Teacher discounts. This form must be completed, signed, dated, and returned to our office prior to or along with your first order with us.

Mail to: Scharff Brushes, 106 Cornflower Court – Peachtree City, GA 30269

Fax to: 844-272-4254

EMAIL: scharff@artbrush.com

Business Name (if applicable) _____

First and Last Name _____

Please check one Home Studio Commercial storefront

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____

E-Mail _____ Website _____

Tax ID# _____

When did you begin Painting? _____ When did you begin Teaching? _____

Where have you taught in the past? _____

Where do you currently teach? _____

How many students do you average in a class? _____

Please list published works (if applicable) _____

What mediums do you use? How often do you teach classes? What skill levels do you teach?

Oil

Daily

Beginner

Acrylic

Weekly

Intermediate

Watercolor

Monthly

Advanced

Other (list)

Other (list)

This form must be signed and dated in order to set up your account.

Signature _____ Date _____

Do not write in the box

Approval:

Date _____

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